PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/522115

| Elicolité Décember 6, 2004 | | | | | | | | | 20, 722119 | | | |
|--|--|---|----------------|--|-------------------|---|-------|--|--|----------|---|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Col | | | | | | (Column 2) | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
| U.S | S. NATIONAL | . STAGE FEES | | | | | 7 | RATE | FEE | 7 | RATE | FEE |
| BASIC FEE | | | SMALL EN | SMALL ENT. = \$ 150 | | GE.ENT. = \$ 300 | 1 | BASIC FEE | | OR | BASIC FEE | 20 |
| EXAMINATION FEE | | | | Satisfies PCT Article 33(1)- (4) = \$50/\$100 | | other situations = \$ 100 / \$ 200 | 1 | EXAM. FEE | | 1 | EXAM. FEE | 200 |
| SEARCH FEE | | | ALL other o | U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400 | | All other situations = \$ 250 / \$ 500 | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | mii | nus 100 = | | /50 = | 1 | X \$ 125 = | | 1 | X \$ 250 = | 1 |
| TOTAL CHARGEABLE CLAIMS | | | 15m | inus 20 = | | X \$ 25 | | | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 7. | minus 3 = | | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUI | TIPLE DEPE | NDENT CLAIM PR | RESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | 1 (| TOTAL | | OR | TOTAL | 406 | |
| AMENDMENT A | Total Independent FIRST PRE | CLAIMS AS (Column 1) CLAIMS REMAINING AFTER AMENDMENT SENTATION OF A | Minus Minus | (Colum HIGH NUM PREVIC PAID | EST BER DUSLY FOR | (Column 3) PRESENT EXTRA | | SMALL E RATE X \$ 25 = X \$ 100 = + \$ 180 = TOTAL ADDIT. | ADDI- TIONAL FEE | OR OR OR | OTHER SMALL E RATE X \$ 50 = X \$ 200 = +\$ 360 = | |
| FEE OR FEE | | | | | | | | | | | | |
| 꿃ㅏ | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO PAID F | ST ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • . | Minus | •• | | = | ſ | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | • | Minus | *** | | c . | ſ | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | 7 | FEE | | OR | TOTAL ADDIT. FEE | |
| | | | | | | | | | | | _ | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than "J", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.